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<b>FEE TRANSMITTAL</b> <b>for FY 2004</b>  Patent Fees are subject to annual revision.		<b>Complete if Known</b>		
		Application Number	09/524,326	
		Filing Date	March 13, 2000	
		First Named Inventor	Martin Morris	
		Examiner Name	Christopher M. Swickhamer	
TOTAL AMOUNT OF PAYMENT (\$)		950.00	Attorney Docket No.	15897US01

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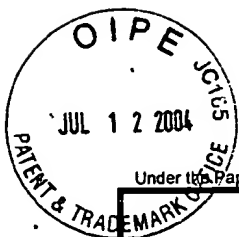
JUL 21 2004

Technology Center 2600

<b>METHOD OF PAYMENT</b>		<b>FEE CALCULATION (continued)</b>	
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:  Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES	
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
1. BASIC FILING FEE			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1001 770 2001 385 Utility filing Fee			
1002 340 2002 170 Design filing Fee			
1003 530 2003 265 Plant filing fee			
1004 770 2004 385 Reissue filing fee			
1005 160 2005 80 Provisional filing fee			
SUBTOTAL (1) (\$)			
2. EXTRA CLAIM FEES			
Total Claims - 20** = x Fee from below Fee Paid			
Independent Claims - 3** = x Fee Paid			
Multiple Dependent Fee Paid			
Large Entity Small Entity			
Fee Fee Fee Fee Fee Description Fee Paid			
Code (\$) Code (\$) Code (\$) Code (\$) Code (\$)			
1202 18 2202 9 Claims in excess of 20			
1201 86 2201 43 Independent claims in excess of 3			
1203 290 2203 145 Multiple dependent claim, if not paid			
1204 86 2204 43 **Reissue independent claims over original patent			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2) (\$)			
**or number previously paid, if greater; For Reissues, see above			
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$)	
		950.00	

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Michael T. Cruz	Registration No. (Attorney or Agent)	44,636
Telephone	312-775-8084		
Signature	Michael T. Cruz	Date	July 12, 2004

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PTO/SB/21 (08-00)

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TRANSMITTAL FORM		Application Number													
(to be used for all correspondence after initial filing)		09/524,326													
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		Martin Morris													
Group Art Unit		2662													
Examiner Name		Christopher M. Swickhamer													
Attorney Docket Number		15897US01													
Total Number of Pages in This Submission		7													
ENCLOSURES (check all that apply)															
<table border="1"><tr><td><input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input checked="" type="checkbox"/> Fee Attached (Check) <input checked="" type="checkbox"/> Amendment/Reply (4 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Req. (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53</td><td><input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) ( sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____</td><td><input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard</td></tr></table>				<input checked="" type="checkbox"/> Fee Transmittal Form (1 page) <input checked="" type="checkbox"/> Fee Attached (Check) <input checked="" type="checkbox"/> Amendment/Reply (4 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Req. (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO 1449/08A with references <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) ( sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Receipt Postcard									
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT															
<table border="1"><tr><td>Firm or Individual Name</td><td colspan="3">McAndrews Held &amp; Malloy, Ltd.</td></tr><tr><td>Name (Print/type)</td><td>Michael T. Cruz</td><td>Registration No. (Attorney/Agent)</td><td>44,636</td></tr><tr><td>Signature</td><td colspan="2"><i>Michael T. Cruz</i></td><td>Date: July 12, 2004</td></tr></table>				Firm or Individual Name	McAndrews Held & Malloy, Ltd.			Name (Print/type)	Michael T. Cruz	Registration No. (Attorney/Agent)	44,636	Signature	<i>Michael T. Cruz</i>		Date: July 12, 2004
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EXPRESS MAIL DEPOSIT															
U.S.P.S. "Express Mail" Mailing Label No.: EV 435 256 395 US															
Date of Deposit: July 12, 2004.															